

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/521948**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23	1		1			
24	1		1			
25	1		1			
26	1		1			
27	1		1			
28	1		1			
29	1		1			
30		1		1		
31		1		1		
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.		4		4		4
TOTAL DEP.	4		4		4	
TOTAL CLAIMS		8		8		8

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		5		
52		1		5		
53		1		5		
54		1		5		
55		1		5		
56		1		5		
57		1		5		
58		1		5		
59		1		5		
60		1		5		
61		1		5		
62		1		5		
63		1		5		
64		1		5		
65		1		5		
66		1		5		
67		1		5		
68		1		5		
69		1		5		
70		1		5		
71		1		5		
72		1		5		
73		1		5		
74		1		5		
75		1		5		
76		1		5		
77		1		5		
78		1		5		
79		1		5		
80		1		5		
81		1		5		
82		1		5		
83		1		5		
84		1		5		
85		1		5		
86		1		5		
87		1		5		
88		1		5		
89		1		5		
90		1		5		
91		1		5		
92		1		5		
93		1		5		
94		1		5		
95		1		5		
96		1		5		
97		1		5		
98		1		5		
99		1		5		
100		1		5		
TOTAL IND.	8		5			
TOTAL DEP.	70	4	121	4		
TOTAL CLAIMS	78		126			